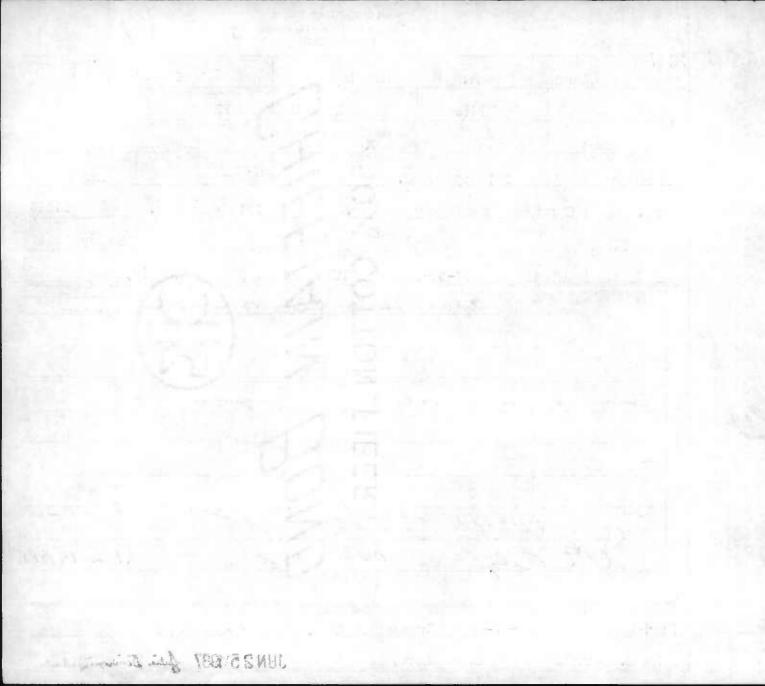
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21203	D HOSPITAL OF ATTENDING PHYSICIAN. The decident that the death certificate be executed within 24 hours offer death, rage 4 may be eligined by the happing on attending physician.	TO FLYERAL DIRECTOR. After the conficers of the ottending physicion and completely filled in by the funeral director, page 3 managed the data of the filed within 72 hours after death and filed withi
IMI	O HOSPITAL OR ATTENDING PHYSICIAN, The etained by the hospital or attending physician	O FUNERAL DIRECTOR: After hould be detached for use or fl with the State Deat of Health or

JUNE	1 DEC	OR PRINT)	artin	A.		Bradley		20 DATE OF DEATH	6 1	8 8 7	2b. HOUR
.11	3 SEX		4 RA	White		DATE OF BIRTH	^{∀€} 13	6 AGE (IN YEARS LAST BI	N	IF UNDER 1 YEAR	HOURS
7	7a. BII	Male RTHPLACE (STATE OR FORE OUNTRY)	EIGN 76 C	ITIZEN OF WHAT CO	DUNTRY? 8.	AARRIED NEVER A	MARRIED -	9 BALTIMORE CITY			
0		New Jersey TY OR TOWN OF DEATH Ridgely		NAME OF HOSPITA (IF NOT IN SUCH FACILITY, 301 Mar	L, NURSING H	IOME OR OTHER INST	VORCED [12a USUAL OCCUPAT (TYPE OF WORK FOR MOST Welder		126. KIND C	of BUSINES:
3	130 S	aryland THER'S NAME	Caroli	ne Ri	dgely	13d. INSIDE C YES [X	ITY LIMITS? NO 🔲		ZIP CODE Ave.		216
56		William	MIDDLI	1	Bradl		Margar			Brac	ly
medica			U.S. ARMED 1F YES, GIVE WAR	OR DATES)	01-70		Robins	son ADDR	Ridgel		
r other troumotic event,		PART I. DEATH WAS IM Conditions, if ony, w gove rise to immed couse (o), stoting	CAUSED BY: MEDIATE CA which	e couse per line for It. USE (o). DUE TO, OR AS A C. (b). DUE TO, OR AS A C.	ONSEQUENCE	Lenti	Cardis	us s als	d'sen	APPROX BETWEEN	MATE INTERVA
any intury, or other troumotic event,	FICATION	PART I. DEATH WAS IM Conditions, if ony, w gove rise to immed couse (o), stofing	chich diate the lost	DUE TO, OR AS A CO	ONSEQUENCE ONSEQUENCE TING TO DEAT	Lenki EOF	TO THE TERM	INAL DISEASE OR CON LONG 200 AUTOPSY?	NDITION GIVE 20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	o NGS USED 6 OF DEATH
DVQ	CERTIFIC	Conditions, if ony, we gove rise to immed couse (o), stofing underlying couse PART 2 OTHER SIGNIF	CAUSED BY: MEDIATE CA Chich diate the lost	DUE TO, OR AS A CO	ONSEQUENCE ONSEQUENCE TING TO DEAT OR WHICH OPE	E OF E OF TH BUT NOT RELATED RATION WAS PERFO	TO THE TERM	INAL DISEASE OR CON	20b. IF YES, IN CERTIFY YES	WERE FINDII	o NGS USED
ked or thim. If the enginy injury, or other troumotic event,	5	PART I. DEATH WAS IM Conditions, if ony, we gove rise to immediate t	CAUSED BY: MEDIATE CA Thich diote the lost ICANT CONE YING SE OF DEATH EXAMINER)	DUE TO, OR AS A CO	ONSEQUENCE ONSEQUENCE TING TO DEAL OR WHICH OPE	E OF E OF E OF E OF E OF TH BUT NOT RELATED ERATION WAS PERFO YEAR 19 21t LOCATION 21t LOCATION 21t LOCATION 21t LOCATION	TO THE TERM POPULATION OF THE	200 AUTOPSY? YES NO	20b. IF YES, IN CERTIFY YES URY IN ITEM 18 PA	WERE FINDII	o NGS USED 6 OF DEATH
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etely filled in by the funeral director

Poges

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al cremotion, or removal.

IMPORTANT: If Item 21 is morked or Item 18 shows ony injury, or other troumotic event, the

should be detoched for use as the buriol-transit per with the State Dept. of Health and Mental Hygier pr

TO HOSPITAL OR ATTENDING PHYSICIAN: The TO FUNERAL DIRECTOR: After this certificate his retained by the hospital or attending physicia

executed within 24 hours

certificote be

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DEPARTMENT OF HEALTH AND MENTAL HYGIEND CERTIFICATE OF DEATH

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		Sie	V	

CEASED NAME OR PRINT)	FIRST Leo	MIDOLE	LAST		20. DATE OF DEATH	MONTH DA	YEAR	26 HOUR
	neo.	W.	calla	ahan		6 -8-	1987	Zu HOOK
Male	1	White	S. DATE OF BI		6 AGE (IN YEARS LAST		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
RTHPLACE (STATE OR F OUNTRY) Maryland	OREIGN 7	USA	MARRIED		Caroli	OR COUNTY	OF DEATH	МД
deralsbu:	rg	304 Libe	rty Road	THER INSTITUTION				Marke
L RESIDENCE (IF NURSI TATE aryland	13 COUNT	line Fede	Tallsburg	INSIDE CITY LIMITS?	304 Libe	rty Ro	ad Fe	21632 ed., Md
THER'S NAME FIRST Samuel	Jos	eph Ca	llahan	Emma	Virg			ong
(AS DECEASED EVER ES, NO OR UNKNOWN)								
gove rise to imm couse (o), stoting underlying couse	lediote g the lost.	(b) Carein	nomate 364 SEQUENCE OF LANALIZE CAS			ndition give	3 m	
19a DATE OF OPERAT	ION	196 CONDITION FOR W	HICH OPERATION W	as Performe d	200 AUTOPSY?	20b IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
OR CONTRIBUTING	AUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH P.M.	H DAY YEAR	. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN HEM 18 PAR	T OR PART 2)	
WHILE NOT WH	ILE	21e PLACE OF INJURY (AT HOME STREET FACTORY, O	FFICE, FARM ETC)	LOCATION	CITY OR	TOWN	COUNTY	STATE
sow the decease	d olive on_	6/3	19 87 , and the	REE	MEDICAL CO	date and hour	22¢ DATE	
22d. PHYSICIAN'S NA			22e	ADDRESS 128	loomingdal	e Ave.		
T C C T C T C T C T C T C T C T C T C T	Male ITHPLACE (STATE OR F DUNTRY) Maryland Y OR TOWN OF DEA deralsbu: I RESIDENCE (IF NURSI IATE Samuel TAS DECEASED EVER ES NO OR UNKNOWN) O 18 CAUSE OF DEATH PART I. DEATH W Conditions, if ony, gove rise to imm couse (o) stothin underlying couse PART 2 OTHER SIGN Hevd and 190 DATE OF OPERAT 210. ACCIDENT WAS UND OR CONTRIBUTING COUSE CILETTHER, NOTHY MEDIC 21d. INJURY OCCURR WHILE NOTHY MEDIC 21d. ISSIGNATUR	Male ITHPLACE (STATE OR FOREIGN 7) Maryland Y OR TOWN OF DEATH DEATH STATE OR FOREIGN 7) Maryland TOWN OF DEATH Geralsburg I RESIDENCE (IF NURSING HOME OR CALATE SAMUEL 133 COUNT THER'S NAME FIRST SAMUEL JOS 18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse (o), storting the underlying couse lost. PART 2 OTHER SIGNIFICANT COUNTY OF THE CAUSE OF DEATH LIFETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK 21d. INJURY OCCURRED WHILE AT WORK 220.1 certify thot (I) (this hospite sow the deceosed olive on obove, (I) (we) (did) (did not) 22b. SIGNATUR.	Male White THPLACE (STATE OR FOREIGN DIVINITY) Maryland VSA TO CITIZEN OF WHAT COUNTY Maryland YOR TOWN OF DEATH Geralsburg L RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE TATE OR OR UNKNOWN) THER'S NAME FIRST AS DECEASED EVER IN U.S. ARMED FORCES? TO OR UNKNOWN) THE COUNTY OF DEATH (Enter only one cause per line for (o.), (IF YES, GIVE WAR OR DATES) TO OR UNKNOWN) TO DUE TO, OR AS A CONSTITUTION OR AS A CONSTITUTION OR AS A CONSTITUTION OR CONTRIBUTION OR CONTRIBUTION THE COUSE (o.), Stoting the Underlying cause lost. THE COUSE (o.) Stoting the Underlying cause lost. THE COUSE (O.) STOTING THE UNDERLYING OR CONTRIBUTION OR CONTRIBUTION Heve and eva The DEATH WAS UNDERLYING TO THE CONDITION FOR WAR AS A CONSTITUTION OR CONTRIBUTION OR CONTRIBUTION THE COUSE (O.) STOTING THE CAUSE OF DEATH HOUR A.M. MONTH HOUR A.	Male White White What ITHPLACE (STATE OR FOREIGN DIVINITY) WITHPLACE (STATE OR FOREIGN DIVINITY) WATYLAND WITHPLACE (STATE OR FOREIGN DIVINITY) WATYLAND WITHPLACE (STATE OR FOREIGN DIVINITY) WATYLAND WITHPLACE (STATE OR FOREIGN DIVINITY) WITHPACE (STATE OR FOREIGN DIVINITY)	Male White Whi	Male White Whi	Marked White	Male White MIT 22A19028 85 YRS. OHITE DATE OF THE PLACE (STATE OR FORE AND BOTTON OF DEATH USA WINDOWED DIVORCED DI

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DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR - STATE

Caroline Maryland

Fed.,

FUNERAL DIRECTOR
WITTIAMSON F.H. 311 S.Main St. Fed. Md JUN 23 24 FUNERAL DIRECTOR

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ARRESTOR OF THE COURT OF DESCRIPTION

of simulated Pit Indoord share, Mr. 91532

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--11-67 - Hillerent Consume, Fud., Caroline 10 cyles Williamson . H. Bil Charle and Feet week H. S. meanstille

(VRA 15, 4)

STATE OF MARYLAND

- proper	71 4	FOR STATE REGISTRAR				ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENES 7	1 7 2	3	1
		CEASED NAME E OR PRINT)	ALICE		G.		VING	June 14, 19		5:2	р
Ĭ	3 SE	x Temale	17	4 RACE White		5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY	YRS.	AYS HOURS	DER 24 HRS
3	V	irthplace istate country) irginia		76 CITIZEN OF U.S.	Α.	WIDOWE		9 BALTIMORE CITY OR CO Caroline	OUNTY OF DEAT	Н	MD.
)	P	reston		Route	1, Box S	STREET ADDRESS)	DR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Homemaker		ND OF BUSII	NESS OR
5	13a. S N	AL RESIDENCE IFF	13b COUN	oline	130. CITY OR Pres	TOWN	13d INSIDE CITY LIMITS? YES NO TO	13e.STREET ADDRESS / ZIF		55	
7)	ATHER'S NAME Carl		WIDDIE	- Ge	eiling	Ruth	WIDDLE	В	lades	
1	(1	WAS DECEASED EV YES, NO OR UNKNOWN 10		MED FORCES? E WAR OR DATES)	166. SOCIAL: 217-44	SECURITY NO. 1-1565	W. Francis Ev	ving Sr P O Bo		609 ilehem	MD
			ony, which immediate toting the ouse last.	(b) DUE TO, O	r as a cons	SEOUENCE OF	lung wit	th multiple testas	Qa A	-15-	<u> </u>
	N O	PART 2. OTHER S	SIGNIFICANT	CONDITIONS <u>Co</u>	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	ON GIVEN IN PAI	RT 110	
2	CERTIFICATION	19a DATE OF OPE	ERATION	196 COND	ITION FOR W	HICH OPERATIO	N WAS PERFORMED		ERTIFYING CAL		ATH?
1	MEDICAL CER	21a. ACCIDENT WAS OR CONTRIBUTING	CAUSE OF DE) P.	M. MONTH M.	DAY YEAR		RED (ENTER NATURE OF INJURY IN	ITEM IS PART I OR PAR	77 2)	
	MED	21d. INJURY OCC	T WHILE T	21e PLACE (AT HOME, STI		FFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUN	TY	STATE
		22a I certify that saw the dec abave (1) w	eosed alive en	tal) attended the 5 ~ 1 H		19 87 , 01		to 5 - 14 death occurred on the date o		n the causes	
-,		226. SIGNATURE	ert W	Tre	ver,			MEDICAL STAFF DIRECTOR PHYSICIAN	_ /.	-15-	-
/		Robert		ver, M.D	•		Rt 50 & Dutch	hman's Lane Ea	ston MD	21601	
	23a. B	BURIAL, CREMATIC (SPECIEY) Burial	ON, REMOVAL	23b. DATE 6/18/8	7		emetery or crematory Order Cemetery	y Preston	Carolin	е	STATE MD

DHMH - 18 60M 7/84 (VRA 15, 4)

74 FUNERAL DIRECTOR
Newnam Funeral Home

Easton, Maryland

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE JUN 1 6 1987

Caroline MD

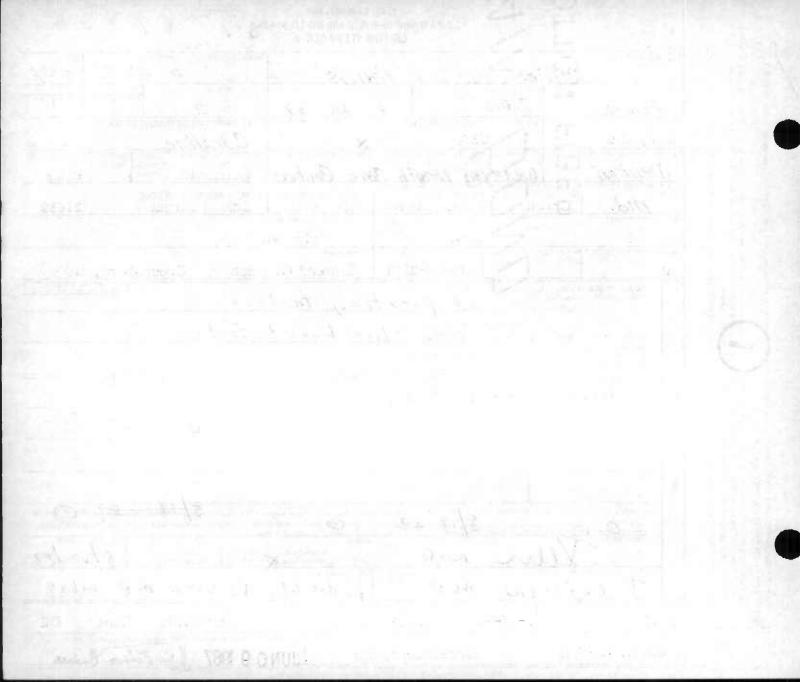
						JIAI	E OF MARTLAND			word	2 19
	1.	FOR STATE			DEPART	MENT OF H	EALTH AND MENTAL HY	GIENE	7	12	50
		REGISTRAR				CERTIF	ICATE OF DEATH	0	REG. NO.	71	10
	I. DE	CEASED NAME	FIRST		MIDDLE	ı	AST	Za DATE (OF DEATH MONTH	DAY YEAR	2b. HOUR
		OR PRINT)	100.11			11		The DAIL		12 87	205
			Willi	e	Ε.	110	arris		5	22 0/	5-PM
- 19	3. SE	X		4. RACE		5. DATE C		6. AGE (19	N YEARS LAST BIRTHDAY)	IF UNDER 1 YE	
		Female		Cauc		MONTH	23 89		97 ye	MONTHS DAY	S HOURS MIN.
	Per B	RTHPLACE (STATE OR	FOREIGN	7h CITIZEN OF	WHAT COUNTRY?		-0/	9 RALTIM	ORE CITY OR COU		
2		COUNTRY	OKEION			MARRIE	D NEVER MARRIED	1	OKE CITT OK COU	INTI OF DEATH	
		aryland			JSA	WIDOWE		Co	Froline		MD.
人作	10. C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSII		OR OTHER INSTITUTION		LOCCUPATION		OF BUSINESS OR
()		Dentan	1.00	Wesley		11/	Dus Printer		ORK FOR MOST OF WORKIN	NG LIFE) INDUSTR	
00	USU	AL RESIDENCE (IF NURS	ING HOME OR	0001	011 / 061	F ADMISSIONI	are Center	1101	usewire .		home
1		STATE	136 COUN	TY	13c. CITY OR TOV	VN	13d. INSIDE CITY LIMITS?		ADDRESS / ZIP C		
9		Md.	Card	oline	Greens	oro	YESX NO	Sch	hool Stree	t	21639
au au	14. FA	THER'S NAME					15. MOTHER'S MAIDEN N	AME	1000		
X)	7	^	MIDDLE	Davis		Unknov	W D	MIDDLE	ı	AST
0 1	IAn V	VAS DECEASED EVER	IN II S A DA	AED EOPCESS	16b. SOCIAL SECT	IDITY NO	17. INFORMANT	V 1 1	ADDRESS		
DID /		YES, NO OR UNKNOWN)		WAR OR DATES							
Ĕ /	no)			216-32-	8814	Edward G.	. Dean	Gree	ensboro,	MD
		18 CAUSE OF DEAT	H (Enter anl	y ane cause per	line far (a), (b), ar	nd (c).)				APPRO	NONSET AND DEATH
9		PART I. DEATH W			reco	iva t	Sur Tail	luve			
		The state of the s	IMMEDIAII	E CAUSE (a)	1	, ,,	9				
2				DUE TO, O	R AS A CONSEQU		1 . 1	1 6	ilure		
5		Canditions, if any,		(p)	long	45 D	ve year	7 /20	1101		
		gave rise to imr	g the	DUE TO O	R AS A CONSEQU	ENCE OF					
0		underlying cause	last.	(6)							
0		PART 2 OTHER SIGN	VIEICANTO	ONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TER	AAINIAI DISEA	SE OR CONDITION	CIVEN IN DART	1100
2	Z	chr		ven.	1 0	. /	NOT RELATED TO THE TER	MINAL DISEA	ISE OR CONDINON	OIVEIN IN FART	iiu
-	CERTIFICATION				166	lure			TORGUS TORI II	WES WEST STILL	
	Ž.	19a DATE OF OPERA	HON	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AU1		RTIFYING CAUSE	
\times	E							YES [NO	YES 🗌	NO 🗌
	Ü	21a. ACCIDENT WAS UND	DERLYING	21b. TIME O			21c. HOW INJURY OCCU	RRED (ENTER	NATURE OF INJURY IN ITEM	18 PART I OR PART 2	
7		OR CONTRIBUTING		111	M. MONTH D						
/	MEDICAL	(IF EITHER, NOTIFY MEDI-		P. 21e. PLACE		19	211. LOCATION				
9	1				REET, FACTORY, OFFICE.	FARM, ETC.)	STREET		CITY OR TOWN	COUNTY	STATE
	-	AT WORK NOT WE	RK L						1		
		22a. I certify that (1)	(this haspit	al) attended th			. 19	, to	2/19	19 87	that (I) (ve) last
	150	saw the decease above (1) (we)	d alive an		5/19/19	27 , or	d that in (m) (our) opinion	n death accur	red on the date and	haur and from th	e causes stated
		22b SIGNATURE	did) (did nat	view the body	after death.		DEGREE				
		220. SIGNATURE	1/1	1.			ATTENDING	MEDICA	L STAFF	ZZC. DAT	E SIGNED
			XVV	un	KID		PHYSICIAN	DIRECTO	R PHYSICIAN	1 5 /	22/87
1		22d. PHYSICIAN'S NA	AME (TYPE OR	PRINT)		•	22e. ADDRESS				
5/		TI.	RU	101	MD.		80 BOX 66	0 00	NOTON	MDT	11629
1	22 2			110							
		BURIAL, CREMATION,	REMOVAL	23b DATE			EMETERY OR CREMATORY	23d LOC	LATION LY OR TOWN	COUNTY	-LI ALE
	R	urial		5-26-8	/ We	sley (Cemetery	E	Burrsville	Kent	ĎĚ

DHMH - 16 60M 7/84 (VRA 15, 4) John Boulais

Greensboro, MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

JUNO 9 1987 Julia Dindon Rudon



STATE	OF	MARYL	AN

DEPARTMENT OF HEALTH AND MENTAL HYGIENES

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	643	20

J	- STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	0.	2.3	
	1. DECEASED NAME (TYPE OR PRINT)	FIRST	N	NDDLE	LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
	4:	MIAL	,	n	10RRis		6 - 11	87	M
١	3. SEX	4. RAC	E	5. DATE (OF BIRTH	6 AGE (IN YEARS LAST BIR		NDER 1 YEAR	IF UNDER 24 HRS.
	Female	IC	AU	LC. 12	21/1892	94	YRS	THS DAYS	HOURS MIN.
	70. BIRTHPLACE (STATE OR FO	OREIGN 7b. CIT	IZEN OF V	WHAT COUNTRY? 8.	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH	
1	Maryland		US	A WIDOW		1 Caxol	iNe	-	MD.
1	De NtoN		NOT IN SUCH	OSPITAL, NURSING HOME (HFACILITY, GIVE STREET ADDRESS) RVAN - RAL	The Care	12a USUAL OCCUPATION (TYPE OF WORK FOR MOSTO) Housewife			home
7		ng home or other in 13b. COUNTY Carolin		give Residence before admission) 13: CITY OR TOWN Denton	13d INSIDE CITY LIMITS? YES MO []	1	ZIP CODE		21629
	William	C.		Reed	15. MOTHER'S MAIDEN NA Maria	MIDDLE		Port	ter
23	160. WAS DECEASED EVER			166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRE	SS		
1	(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR O	R DATES)	215-16-8723	Rev. J. Ree	ed Morris L	_aurel,	DE	
	Conditions, if any, gave rise to imm couse (a), stating underlying couse	which bediate g the Di	(b)	R AS A CONSEQUENCE OF					
		IIFICANT CONDI	TIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN	IN PART To	a ·
/	190. DATE OF OPERAT	ION 19	CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES	
/		AUSE OF DEATH	b. TIME OI HOUR A.A P.A	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1	OR PART 2)	
	GR CONTRIBUTING C (IF EITHER, NOTIFY MEDIC 21d INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE C		OF INJURY EET, FACTORY, OFFICE, FARM, ETC)	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	22a.l certify that (1) saw the décease abave, (1) (we) (d	d alive an		deceased from, a, a, a	nd that in (my) (aur) apinion				that (1) (we) lost causes stated
	22b. SIGNATURE	Arus	0		DEGREE ATTENDING PHYSICIAN [MEDICAL STAI		6/1	SIGNED 7
	22d. PHYSICIAM'S NA	MUE THE CREATE			22e ADDRESS				

BOX

Cem.

23c NAME OF CEMETERY OR CREMATORY

Church Hill

DHMH - 16 60M 7/B4

(VRA 15, 4)

236. BURIAL, CREMATION, REMOVAL (SPECEY)

Burial
24 FUNERAL DIRECTOR

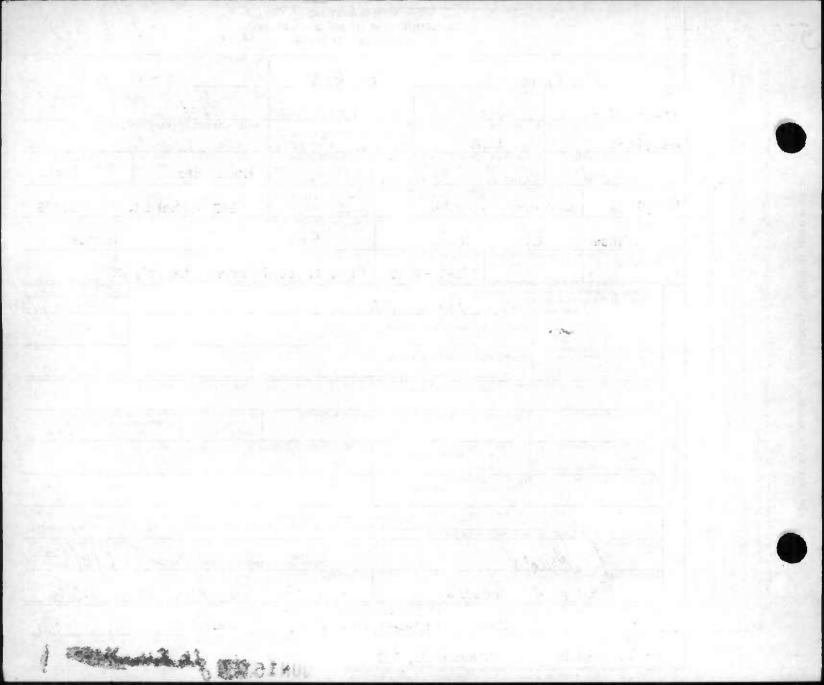
John NAME Boulais

Greensboro, MD

FRUND

23b. DATE 6-13-87 Church Hill

MD



Moore Funeral Home, P.A., 12 S2nd St.

(VR A15 ME (5))

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 2a. DATE OF DEATH Middle Lost 2b. HOUR 1. DECEASED-NAME First June Mont 25, De 1987 ear (Type ar print) NATHANIEL TOWERS AN 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 3. SEX last birthday) Aug. 6. 1904 Male: Caucasian 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED A NEVER MARRIED Maryland U. S. A. Caroline County DIVORCED [WIDOWED [the, 126. KIND BROWNSON 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH Janitor during most of working life, even if retired ly Greensboro Rt. 314 BALTIMORE, MARYLAND 2120 filled 72 sh 13a, USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 21639 odmissian) STATE Marvland 13b. COUNTY Caroline Greensboro YES 🗍 313 Rts. 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Willard Towers Marv Jewell Frances 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (Yes no, or unknown) 218301090 Dorothy L. Towers, Greensboro. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY: Cordiac IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) renal insufficience Ayeloh brosin & anemia been sign t permit. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? YES 🗌 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING [21b. TIME OF INJURY burial, DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. Stote City or Town County While Not while of work 22a. I certify that (i) (this hospital) attended the deceased from ______, 19____, ta_____, 19____, 1nor (i) (we) lust caw the deceased alive_an______, 19____, and that in (my) (our) apinian death accurred an the date and haur and from the causes stated abave(1) Twe) (did) (did nat) view the bady after death. DIRECTOR: detached fo 22c. DATE SIGNED 22b. SIGNATURE MY D DEGREE ATTENDING MED. DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S should be d VENTON CORWIN NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE Denton Cemetery Denton Caroline 2Sq. REC'D BY REGISTRAR Julia Dividion Pandallo DHMH - 16 3/72 25M (VR A15 (4))

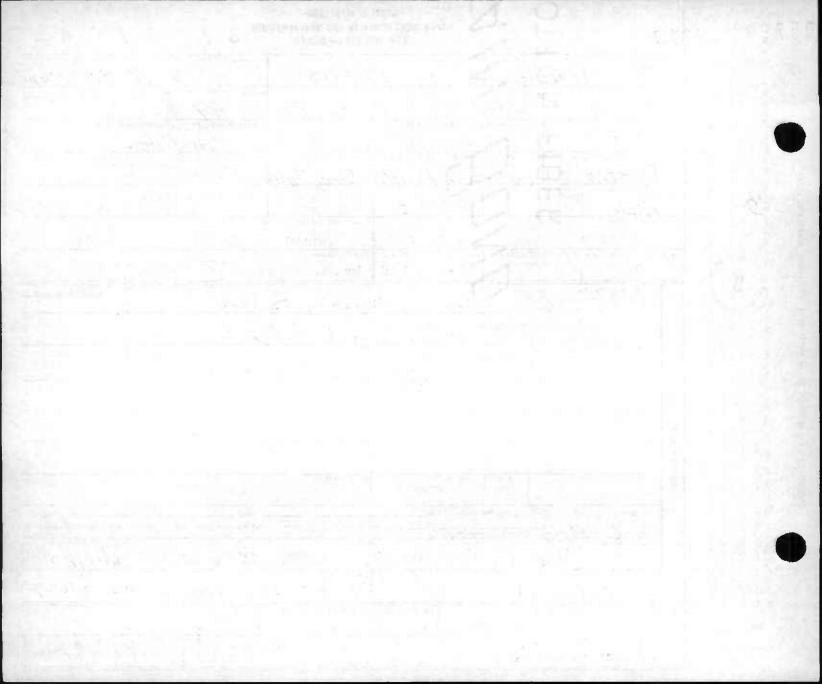
STATE OF MARYLAND

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	REG. NO.					

321	Jun 2	3 1 8	FOR 7STATE REGISTRAR	DEPARTA		CATE OF DEATH	IENE 8 / REG. NO.	7 2 4 2	
nay be poge 3 r death			CEASED NAME FIRST ORPRINT) MATT	tie Mae	V,	ckers	20 DATE OF DEATH MONTH	18 1987 7:26 pm	
ige 4 ma rector, po urs after a		3. SE	Female	1. RACE CZ4C	S. DATE O	F BIRTH DAY YEAR 16 1888	6. AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS	
death. Po unerol di nnr72 ho	35		RTHPLACE (STATE OR FOREIGN OUNTRY) MD .	76. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWE		9. BALTIMORE CITY OR COUNT	e MD.	
by the filed with	Total Control	1	Denton	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET) Wesleyan He	address)	Care Onter	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING NOMEMAKEY	12b. KIND OF BUSINESS OR INDUSTRY	
A Salar	35	13a S	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN DO	ITY I3c. CITY OR TOW	N I	YES XX NO		ank Ave. 21613	
omplete!	991		William	E. Willey		15. MOTHER'S MAIDEN NAM Annie	Eugenia ADDRESS	Wroten	
Daniel Co.	$)^2$	16a V	VAS DECEASED EVER IN U.S. AR TES NOORUNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 215-36-		Wm.H. meye	105 06		
To the second				ly one couse per line for (a), (b), one D BY: E CAUSE (a)	pul	nonary Fa	ilve	APPROXIMATE INTERVAL BETWEEN ONSEY AND DEATH	
the deoth of the ottendin remove carb	l, cremation, or ather traumotic	z	Conditions, if ony, which gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF						
uires that signed by nen please	a burial, c jury, or atl		underlying couse lost. (c) COVOHAVY av tery disease PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0						
an. has been permit. Ti	and Hygiene prior to	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED OF THE STATE OF THE	
g physicic entificate			21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN ITEM 18	PART LORPART 2)	
affer this of the burners	h ond Me arked ar I	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	21f. LOCATION STREET	CITY OR FOWN	COUNTY STATE	
spital ar CTOR: A	of Heolt n 21 is ma		sow the deceased alive an above (1)(we) (did) (did no	tal) attended the deceased from		d that in (my) (our) apinion d	, to leath occurred on the date and ho	, 19, that (I) (we) last our and from the causes stated	
by the horest DIRE	Late Dept		226. SIGNATURE	dun "	un		MEDICAL STAFF DIRECTOR PHYSICIAN	6/18/P7	
O HOSPITAL etoined by the O FUNERAL hould be det	with the State		22d PHYSICIAN'S NAME (TYPEO	IN			60 PENTON	MO 21629	
BP			urial, cremation, removal burial	6/22/2-		METERY OR CREMATORY		county STATE	
DHMH - 16 60 (VRA 15,		24 4	Thomas turen	Hore (ADDRESS)	nb.	Md). 250, DIE	N2 2 1987	STRAR'S SIGNATURE	



FOR STATE

medical

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calculated for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health and Mentral Hygiene prior to burial, cremation, ar removal. MAPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical process.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or attending physician.

yeal director, page 3 72 hours after death

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8 7 REG. NO.	Cramo	7	2	4	
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-	REGISTRAR			CERTIF	ICATE OF L	EATH	REG. NO.			
	1. DECEASED NAME FIRST		MIDDLE	i	AST		20 DATE OF DEATH MONTH	DAY YEAR	26 HOUR	
	Flore	ence	G.	W	others		June 23, 1	1987	6:30m	
	3. SEX	4. RACE		S. DATE C		YE AR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS	
	Female	Whi	te	9	10	04	82 YRS	I DATE	MIN.	
-	70. BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER	AARRIED T	9 BALTIMORE CITY OR COUNT	Y OF DEATH		
)	Maryland	USA WIDOWE					Caro	MD.		
~	10. CITY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INS	ITUTION	12a. USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING L	126 KIND C	OF BUSINESS OR	
1	Greensboro		Boyce Mill Road		(home)		housewife		home	
-	USUAL RESIDENCE (IF NURSING HOME (130. STATE 1136 COL		GIVE RESIDENCE BEFORE		13d. INSIDE C	ITY LIANITS?	13e.STREET ADDRESS / ZIP COD)F		
2		roline					Boyce Mill Road		21639	
7	4 FATHER'S NAME	MIDDLE	LAST			MAIDEN NA	ME		ST	
þ	George	V.	Gottwa	als,Sr		Annie	WIDDLE	Woo	ters	
16	16a WAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU		17 INFORMA		ADDRESS			
	no	THE WAR OR DAILES	215-26-2747 C. Edw		dward	Wothers G	oldsbor	dsboro, MD		
	18 CAUSE OF DEATH (Enter of	only one couse per	line for (a), (b), an	dict.	1 1 1 m	est-		BETWEEN	ONSET AND DEATH	
	PART I. DEATH WAS CAUS	SED BY: ATE CAUSE (o)	Carilia	C AT	rrest					
		DUETO	R AS A CONSEOU	ENICE OF	phone in					
	Conditions, if ony, which	DUE 10, U		517	e He	4 7	all vie			
	gove rise to immediate	gove rise to immediate								
	couse (a), stoting the underlying couse lost									
								N/ENLINI DADT 1		
		PART 2. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110								
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. COND	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED			20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED				
4	SH SH					YES NO YES NO				
7	210. ACCIDENT WAS UNDERLYING	21b. TIME O	21b. TIME OF INJURY 21c. HOW INJURY OCCUR			RED (ENTER NATURE OF INJURY IN ITEM 18		110		
		TH HOUR A.M. MONTH DAY YEAR								
	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED				211 LOCATIO	N				
		(AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET				CITY OR TOWN	COUNTY	STATE		
	220.1 certify that (I) (this has	nitel) attaided th	a document lumps	10	112.	10.87	" Present	10	that (I) (we) last	
	saw the lacer on live	5/18	19	1 27	nd that in (my)	(our) opinion	death occurred on the date and ha			
	22b. State and the control of the co	ot) view the body	after death.		DEGREE				SIGNED	
	ATTENDING MEDICAL STAFF							1.1:	21/22	
	PHYSICIAN DIRECTOR PHYSICIAN 222 ADDRESS							010	71101	
	Rolalan	00. M			Po	3001	20 Goldshore	Med.	21636	
	230 BURIAL, CREMATION, REMOVA	23b DATE	23c 1	NAME OF C	EMETERY OR		23d. LOCATION	,		
	Burial	6-26-	-87 G	reensi	boro Ce	em.	Greensboro	CA	MD	
-	24 FUNERAL DIRECTOR						TE REC'D. BY REGISTRAR 25) REGIS	TRAR'S SIGNA	TAIRE	
	John E. Boulais		Greens	boro,	MD	JUI	N 30 1987 Julia	Devider.	Kersers	

DHMH - 16 60M 7/84 (VRA 15, 4)

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